



Incident Report

Print Date/Time: 07/20/2016 10:53

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00008585

Incident Date/Time: 5/6/2016 7:22:00 PM
Location: 91ST AVE NE / SR 204
LAKE STEVENS WA 98258
Phone Number: (425) 892-3213
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19R1	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	JU, JODEEN					
2	Reporting Party	BILLEN-GENTRY, DESTINY		(425) 892-3213			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AXX0450	
ATL/BOLO						888SBX	

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

05/06/2016 : 19:46:38 ss0133 Narrative: front pass-dillodr030bc unit 1

05/06/2016 : 19:25:56 SP0338 Narrative: WINKLEY, NANCY 425-508-6393 WITNESS

05/06/2016 : 19:25:47 SP0386 Narrative: Narrative added from associated Call #: 217 - RP DRIVER OF ACURA

05/06/2016 : 19:25:35 SP0153 Narrative: EB SR 204, PULLED TO SIDE, RP INVOLVED AND CHECKED WITH SUBJS IN OTHER VEH

05/06/2016 : 19:25:16 SP0386 Narrative: Narrative added from associated Call #: 217 - CC, NOW, NON-INJ, NON-BLCKING, ACCURA PC VS CHEVY PU

05/06/2016 : 19:24:39 SP0153 Narrative: CC, 2 VEHS, UNK IN'S, GRN PC VS GRY PC, NONINJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E541015**CASE # **2016-00008585**LOCAL AGENCY CODING **WA0311900**TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

DATE OF COLLISION **05** - **06** - **2016** TIME (2400) **1920** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒ **SR 204** BLOCK NO. ☒ **9100** MILE POSTDISTANCE **100** **00** MILES ☒ **N** **E** ☒ **91ST AVE NE** ☒ **S** **W**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 2062931234**LAST NAME **BENNETT** FIRST NAME **ALEXA** MIDDLE INITIAL **L**STREET NEW ADDRESS **9701 220TH ST SW**CITY **EDMONDS** ST **WA** ZIP **980204559**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **BENNEAL038D5** STATE **WA** SEX **F** D.O.B. **03** - **25** - **1997**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AXX0450** STATE **WA** VIN# **1Y1SK5261VZ456024**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1997** MAKE **GEO** MODEL **PRIZM** STYLE **4H** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **METROMILE 42-032422-01-02**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4253152981**LAST NAME **JU** FIRST NAME **JODEAN** MIDDLE INITIALSTREET NEW ADDRESS **10997 36TH ST NE**CITY **LAKE STEVENS** ST **WA** ZIP **982580000**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **JU***J*224K2** STATE **WA** SEX **F** D.O.B. **05** - **22** - **1978**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **888SBK** STATE **WA** VIN# **2HNYD18866H538000**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2006** MAKE **ACUR** MODEL **MDX** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **RAYMOND JU 10997 36TH ST NE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERIPRISE AI00947437**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **G. HEINEMANN** BADGE OR ID # **0133** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E541015**CASE # **2016-00008585**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DILLON-GENTRY DESTINY R																
ADDRESS & PHONE # NO ADDRESS ON FILE										SEX F	D.O.B. MMDDYYYY 01	-	03	-	1997			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		DILLON-GENTRY SHAYLA A																
ADDRESS & PHONE # 15325 4TH AVE W LYNNWOOD WA 98087										SEX F	D.O.B. MMDDYYYY 10	-	01	-	1997			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	5	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		STONE-CLIFFORD KYLEE N																
ADDRESS & PHONE # 19721 86TH PL W EDMONDS WA 98026										SEX F	D.O.B. MMDDYYYY 08	-	29	-	1997			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

On May 6th, 2016 at approximately 1920 hours, I was dispatched to 2 vehicle non-injury collision in the 9100 blk of SR 204.

Unit 1 and Unit 2 were both traveling eastbound in the 9100 block of SR 204. Unit 2 was in the 2nd of 3 eastbound lanes and Unit 1 was in lane 3 of the eastbound lanes. Lanes 1 and 2 are left hand turns to go northbound onto SR 9 NE. Unit 1 was in the eastbound lane that travels eastbound across SR 9 to Frontier Village. There was heavy traffic in the area and Unit 1 attempted to change lanes from lane 3 to lane 2. Unit 1 failed to yield the right of way to Unit 2 and began to change lanes. Unit 2 then struck Unit 1. The passengers front wheel of Unit 2 drove over the top of the driver's side front fender of Unit 1. No injuries to anyone in either vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN
05-07-16 12:58 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 0071

DATE

5/7/2016 6:24:24 PM

BADGE OR ID #

0133

ORI #

WA0311900

TIME POLICE DISPATCHED

7:22 PM

TIME POLICE ARRIVED

7:27 PM


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NAME (LAST, FIRST, MIDDLE INITIAL)		JU IAN P																		
ADDRESS & PHONE # 10997 36TH ST NE LAKE STEVENS WA 98258														SEX M	D.O.B. MMDDYYYY 02	-	14	-	2006	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		ATKINS JAMEY W																		
ADDRESS & PHONE # 8026 VISTA DR ARLINGTON WA 98223 4254180022														SEX U	D.O.B. MMDDYYYY 09	-	15	-	1974	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		WINKLEY NANCY K																		
ADDRESS & PHONE # 5905 79TH AVE NE MARYSVILLE WA 98270 4255086393														SEX F	D.O.B. MMDDYYYY 08	-	12	-	1961	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

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7:22 PM

TIME POLICE ARRIVED

7:27 PM

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DATE AND TIME
OF COLLISION 05/06/16 19:20

